

Received & Inspected

MAY 13 2013

FCC Mail Room



May 2, 2013

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, SW  
Washington, DC 20554  
Reference: CC Docket No. 96-45 and CC Docket No. 02-6

Ms. Dortch:

This will serve to formally submit a request for an FCC Waiver consideration on behalf of our client school, Eagle College Prep Endeavor, for their 2013 Priority One Form 471 that was submitted after the March 14 filing deadline.

- **Form 471 Numbers:** 895184 (Priority One)
- **Billed Entity Number:** 16072639
- **Billed Entity Name (Applicant School):** Eagle College Prep Endeavor

On May 2, 2013, we received the enclosed e-mail communique from a Vangent supervisor informing us that the 471 was submitted on 3/15/13, after the window had closed. The form 471 (app # 895184) was being submitted (almost completed) as the window closed at midnight Eastern time, 9:00 p.m. Pacific time here in Arizona. Given the fact that the application was submitted within minutes of the window's close, we would greatly appreciate any consideration towards the allowance of this application to be included for review and consideration for the 2013-2014 funding year.

As evidence to our stated position, please find enclosed a hard copy of the actual 471 submittal which is dated 3/14/13, but unfortunately, was received by USAC on 3/15/13.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Egan", written over the word "Sincerely,".

**John M. Egan**  
CEO  
The FundEd Consulting Group  
Office: 480-473-5785  
Cell: 480-794-0973  
Fax: 866-800-5147  
[www.getfunded.net](http://www.getfunded.net)

No. of Copies rec'd \_\_\_\_\_  
List ABOVE \_\_\_\_\_

**Laura Rivard**

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**From:** SLD Problem Resolution Mailbox <sld-problem-resolution@vangent.com>  
**Sent:** Thursday, May 02, 2013 12:20 PM  
**To:** John Egan; Laura Rivard  
**Subject:** RAL Copy - Case 22-498137

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FCC Mail Room

John,

I apologize, but right after we got off the phone I noticed that our system indicates that Form 471 895184 was submitted on 3/15/2013. Therefore, the lack of a RAL was intentional, as forms that are submitted after 3/14/2013 will not have a RAL issued unless an FCC waiver is granted.

I am not sure if you were aware of this submission date, but unfortunately an FCC waiver is the only way to have this overturned. If an FCC waiver has not yet been submitted for this application, please do so as soon as possible.

Thank you,

**Anthony Siebert**  
**Technical Client Service Bureau**  
**Schools and Libraries Division**  
Help Line: 888-203-8100  
Fax: 888-276-8736  
E-mail: [sld-problem-resolution@vangent.com](mailto:sld-problem-resolution@vangent.com)

FCC Form 471

MAY 13 2013  
FCC Mail RoomApproval by OMB  
3060-0806**Schools and Libraries Universal Service  
Description of Services Ordered and Certification Form 471****Estimated Average Burden Hours per Response: 4 hours**

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

**Please read instructions before beginning this application. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl).)****The instructions include information on the deadlines for filing this application.**

Applicant's Form Identifier (Create an identifier for your own reference)		Form 471 Application #:	
ECPE 471 P1 13		895184 (To be assigned by administrator)	
<b>Block 1: Billed Entity Address and Identifications</b>			
<b>1</b> Name of Billed Entity EAGLE COLLEGE PREP ENDEAVOR			
<b>2</b> Funding Year 2013			
<b>3a</b> Entity Number 16072639			
<b>3b</b> FCC Registration Number 0022392112			
<b>4a</b> Street Address, P.O. Box, or Route Number 3716 MORGANFORD RD			
City ST LOUIS State MO Zip Code 63116-			
<b>4b</b> Telephone Number (262) 542-5946			
<b>4c</b> Fax Number (262) 542-5960			
<b>5a</b> Type of Application (check only one)			
<input checked="" type="checkbox"/> Individual School (individual public or non-public school)			
<input type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools)			
<input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA)			
<input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)			
<input type="checkbox"/> Statewide application for (enter 2-letter state code) representing (check all that apply)			
<input type="checkbox"/> All public schools/districts in the state			
<input type="checkbox"/> All non-public schools in the state			
<input type="checkbox"/> All libraries in the state			
<b>5b</b> Recipient(s) of Services:			
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter			
<input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency			
Entity Number: 16072639		Applicant's Form Identifier: ECPE 471 P1 13	
Contact Person: Trevor Burbach		Contact Phone Number: (262) 542-9546	
<b>Block 1: Billed Entity Address and Identifications (continued)</b>			
<b>6a</b> Contact Person's Name Trevor Burbach			
If the Contact Person's Street Address is the same as <b>Item 4</b> above, check here. <input type="checkbox"/> If not, complete Item 6b.			
<b>6b</b> Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form.			
City State Zip Code -			
Check the box next to your preferred mode of contact and provide your contact information. One box <b>MUST</b> be checked and an entry provided.			
<input type="checkbox"/> <b>6c</b> Telephone Number (262) 542 - 9546			
<input type="checkbox"/> <b>6d</b> Fax Number (262) 542 - 5960			
<input checked="" type="checkbox"/> <b>6e</b> E-Mail Address <a href="mailto:trevor.burbach@educationalenterprises.org">trevor.burbach@educationalenterprises.org</a>			
Re-enter E-mail Address <a href="mailto:trevor.burbach@educationalenterprises.org">trevor.burbach@educationalenterprises.org</a>			
<b>6f</b> Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address			
If a consultant is assisting you with your application process, please complete Item 6g below:			
<b>6g</b> Consultant Name JOHN EGAN			
Name of Consultant's Employer FundEd Consulting Group			
Consultant's Street Address 20885 N. 90th Pl			
City Scottsdale State AZ Zip Code 85255			
Consultant's Telephone Number (480) 473-5785 Ext.			
Consultant's Fax Number (866) 800-5147			
Consultant's E-mail Address <a href="mailto:john.egan@getfunded.net">john.egan@getfunded.net</a>			
Re-enter E-mail Address <a href="mailto:john.egan@getfunded.net">john.egan@getfunded.net</a>			
Consultant Registration Number 16057463			
Entity Number: 16072639		Applicant's Form Identifier: ECPE 471 P1 13	
Contact Person: Trevor Burbach		Contact Phone Number: (262) 542-9546	

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

**Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471**

		Schools	Libraries
<b>7a</b>	Number of students or patrons to be served	150	0
<b>b</b>	Telephone service: Number of classrooms or rooms with phone service	15	0
<b>c</b>	Direct connections to the Internet: Number of drops	15	0
<b>d</b>	Number of classrooms or rooms with Internet access	15	0
<b>e</b>	Number of computers or other devices with Internet access	25	0
<b>f</b>	Number of dial-up Internet access and other connections of up to 200 kbps:	0	0
<b>g</b>	High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	0
		At or greater than 1.5 mbps and less than 3 mbps	0
		At or greater than 3 mbps and less than 10 mbps	1
		At or greater than 10 mbps and less than 25 mbps	0
		At or greater than 25 mbps and less than 50 mbps	0
		At or greater than 50 mbps and less than 100 mbps	0
		Greater than 100 mbps	0
<b>Block 3:</b>			
<b>8 [Reserved]</b>			

Entity Number: 16072639										Applicant's Form Identifier: ECPE 471 P1 13				
Contact Person: Trevor Burbach										Contact Phone Number: (262) 542-9546				
Block 4: Discount Calculation Worksheet										Worksheet - 1610629 Page 1 of 1				
<p>The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.</p> <p><input type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>														
9a List entities and calculate discount(s):										(For Administrator's Use)				
School District or Library System Name:										School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H= Head Start, A= Adult Education, J= Juvenile Justice, E= ESA, D= Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
EAGLE COLLEGE PREP ENDEAVOR	16072639	R	150	105	70.000%	80	N	N	Y	12000				
9b Shared Services														
SCHOOL DISTRICTS: (including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.			150							12000				80%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

<b>Entity Number:</b> 16072639		<b>Applicant's Form Identifier:</b> ECPE 471 P1 13																			
<b>Contact Person:</b> Trevor Burbach		<b>Contact Phone Number:</b> (262) 642-9546																			
<b>Block 5: Discount Funding Request(s)</b>		<b>Block 5, page 1 of 2</b>																			
<b>Instructions:</b> Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		<b>FRN 2546270</b> (to be assigned by administrator)																			
<b>10</b> <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																					
<b>11 Category of Service</b> ( only ONE category should be checked)		<b>23 Calculations</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>PRIORITY 1</b>  <input type="checkbox"/> Telecommunications Service  <input checked="" type="checkbox"/> Internet Access         </td> <td style="width: 50%; vertical-align: top;"> <b>PRIORITY 2</b>  <input type="checkbox"/> Internal Connections Other than Basic Maintenance  <input type="checkbox"/> Basic Maintenance of Internal Connections         </td> </tr> </table>		<b>PRIORITY 1</b> <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	<b>PRIORITY 2</b> <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;">Recurring Charges</td> <td style="width: 10%;"><b>A.</b></td> <td style="width: 80%;">Monthly charges (total amount per month for service)</td> <td style="width: 10%; text-align: right;">\$1,944.00</td> </tr> <tr> <td><b>B.</b></td> <td>How much of the amount in A is ineligible?</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>C.</b></td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: right;">\$1,944.00</td> </tr> <tr> <td><b>D.</b></td> <td>Number of months service provided in funding year</td> <td style="text-align: right;">12</td> </tr> <tr> <td><b>E.</b></td> <td>Annual pre-discount amount for eligible recurring charges (C x D)</td> <td style="text-align: right;">\$23,328.00</td> </tr> </table>		Recurring Charges	<b>A.</b>	Monthly charges (total amount per month for service)	\$1,944.00	<b>B.</b>	How much of the amount in A is ineligible?	\$0.00	<b>C.</b>	Eligible monthly pre-discount amount (A minus B)	\$1,944.00	<b>D.</b>	Number of months service provided in funding year	12	<b>E.</b>	Annual pre-discount amount for eligible recurring charges (C x D)	\$23,328.00
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	<b>14 Service Provider Name</b> Caspian Technology Concepts LLC																				
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<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). <b>15d</b> <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <b>15a Billing Account Number</b> (e.g., billed telephone number)  <b>15b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																					
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)</b> (based on Form 470 filing) 03/04/2013																					
<b>18 Contract Award Date (mm/dd/yyyy)</b>  <b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2013																					
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2014 <b>Contract Expiration Date</b> <b>20b (mm/dd/yyyy)</b>																					
<b>21 Description of This Service:</b> NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.																					
<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16072639 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																			

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<b>16a Billing Account Number</b> (e.g., billed telephone number)																					
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																					
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)</b> (based on Form 470 filing) 03/04/2013																					
<b>18 Contract Award Date (mm/dd/yyyy)</b>																					
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2013																					
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2014																					
<b>20b Contract Expiration Date (mm/dd/yyyy)</b>																					
<b>21 Description of This Service:</b> NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.																					
<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16072639																			
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																			

Entity Number: 16072639	Applicant's Form Identifier: ECPE 471 P1 13
Contact Person: Trevor Burbach	Contact Phone Number: (262) 642-9546

**Block 6: Certifications and Signature**

24 ☐ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☐ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23l on all Block 5 Discount Funding Requests.)	34215.16
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	27372.13
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	6843.03
d Total budgeted amount allocated to resources not eligible for E-rate support	
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	6843.03

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

27 ☐ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☐ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☐ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.



<b>Entity Number:</b> 16072639	<b>Applicant's Form Identifier:</b> ECPE 471 P1 13
<b>Contact Person:</b> Trevor Burbach	<b>Contact Phone Number:</b> (262) 642-9546

**Block 6: Certification and Signature (Continued)**

31 ☐ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☐ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☐ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☐ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☐ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☐ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☐ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

<p>38 Signature of authorized person <input type="checkbox"/></p>	<p>39 Date</p>
---	----------------

40 Printed name of authorized person

41 Title or position of authorized person

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Entity Number: 16072639</b>		<b>Applicant's Form Identifier: ECPE 471 P1 13</b>	
<b>Contact Person: Trevor Burbach</b>		<b>Contact Phone Number: (262) 642-8546</b>	
<b>42b</b>	Telephone Number of authorized Person	Ext.	
<b>42c</b>	Fax Number of Authorized Person		
<b>42d</b>	E-mail Address of authorized Person  Re-enter E-mail Address		
<b>42e</b>	Name of Authorized Person's Employer		
<p><b>NOTICE:</b> Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p> <p>The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.</p> <p>If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.</p> <p>If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.</p> <p><b>Please submit this form to:</b>  <b>SLD-Form 471</b>  <b>P.O. Box 7026</b>  <b>Lawrence, Kansas 66044-7026</b></p> <p><b>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:</b>  <b>SLD Forms</b>  <b>ATTN: SLD Form 471</b>  <b>3833 Greenway Drive</b>  <b>Lawrence, Kansas 66046</b>  <b>(888) 203-8100</b></p>			

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**FundED**  
Consulting Group

April 26, 2013

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554  
Reference: CC Docket No. 96-45 and CC Docket No. 02-6

Ms. Dortch:

This will serve to formally submit an FCC Appeal for Denied Funding- 2012-2013 as it pertains to the following applicant information:

- **Billed Entity Name:** Bright Star Schools Consortium
- **Billed Entity Number:** 16056685
- **Form 471 Application Number:** 844391
- **Application Type:** Internal connections/Internal connections basic maintenance
- **FRNs:** 2293158 and 2304011
- **Service Provider:** Vector Resources, Inc. (SPIN 143020726)
- **Funding Year:** 2012
- **Contact Information:** E-rate Consultant, Nicole Kupser
  - o 20885 N 90<sup>th</sup> Place #110, Scottsdale AZ, 85255/480-419-5729
- **Appeal Reason:** FCDL dated 3-12-13, denied FRNs due to the discount of one location (Rise Ko), which is a qualifying 90% discounted site.

**Appeal Explanation:**

The two funding requests mentioned above for Priority 2 were denied due to; *MR1: The discount entity for RISE KO HYANG MIDDLE SCHOOL #16061923 was decreased from 90% to 88%. MR2: The shared discount percentage was reduced to a level that could be validated by third party data.*


According to the USAC appeal denial documentation, "You have not provided any discount support data from the time of the filing of the FCC Form 471". It is our position that this denial of our appeal was in error for the following reasons:

- 1.) The school was not open at the time of the FCC filing.
- 2.) During the appeal, the consultant team provided the appeal reviewer with CALPADS NSLP data, but this data was ignored. We are hereby resubmitting this data with this appeal, that reflect a 90% E-rate discount for Rise Ko Hyang Middle School.

Please forward all questions or requests for clarification to the contact information cited below my signature line herein.

Thank you in advance for your consideration in this important matter.

Sincerely,



**Nicole Kupser**  
The FundEd Consulting Group  
Office: 480-419-5729  
Fax: 866-800-5147  
Nicole.kupser@getfunded.net



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5.1a Free or Reduced Price Meal Eligibility

Academic Year:	2012-2013	LEA:	Rise Kohyang Middle
View:	SNAPSHOT	School Type:	ALL
As Of:	10/3/2012	School:	ALL

		Eligibility for Free Meal Counts Based On:				Reduced Only Counts:	
School Code	School Name	Free Meal Program (181)	Foster/ Homeless	Wigwag Program (182)	Direct Certification	Temporarily Unsheltered (130)	Temporarily Double Up (120)
0124222	Rise Kohyang Middle	49	0	0	13	50	50
<b>TOTAL-Selected Schools</b>		49	0	0	13	50	50

The data on this report is filtered by the user selections that appear on the last page of this report.

\*Students with Primary or Short Term enrollments only are counted on this report.

Students are counted in each school that they have qualifying records in on the As Of date.

\*\*Foster/Homeless counts based on Primary Residency categories: Temporary Shelters (100), Hotels/motels (110), Temporarily Double Up (120), temporarily Unsheltered (130), Foster Family Home or Kinship Placement (210).

\*\*\*Reduced Meal counts based on Education Program Code (182)

Grade:	01-First Grade,02-Second Grade,03-Third Grade,04-Fourth Grade,05-Fifth Grade,06-Sixth Grade,07-Seventh Grade,08-Eighth Grade,09-	Ethnicity/Race:	ALL
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Count			
Created Date:		03-20-2013	
Reduced Mail Only		Free & Reduced Mail Counts	
Total	5-17 Yrs Old Total	Unduplicated Total	Unduplicated 5-17 Years Old Total
18	18	67	67
18	18	67	67
Gender:		ALL	

*This report is confidential and use is restricted to authorized individuals.*

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**FundEd, LLC E-Rate Consulting Services, Application Program  
Letter of Agency**

This is to confirm our school district's participation in the FundEd, LLC E-Rate Consulting Services Application Program for the federal E-Rate grants associated with E-Rate Form filings performed. FundEd, LLC is named as our agent and is therefore permitted to act on our behalf for our application filings and inquire with USAC, and other parties as necessary, as to the status of our E-Rate application and all filings and is permitted to answer any questions pertaining to these filings on our behalf.

I understand that persons willfully make false statements on E-rate forms or through this letter of agency can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

School  
or  
District: Bright Star Schools

Date: 12/20/2011

Signature: \_\_\_\_\_

Name: Jacky Leung

Title: Information Technology Manager

**FundEd**  
Consulting Group